

VOLUNTEER PROGRAM APPLICATION						
DATE		SITE PERF	FRENCE			
PERSONAL DATA						
Date of Birth		Social Securit	ty Number			
First Name		Last Na	ame			
Address						
City		State	e			
Zip Code		Driver's licens	se Number			
Phone Number (Day, Evening)		Occupa	ition			
Emergency Contact (Name & Phone Number)			1			
VOLUNTEER INFORMATION						
List specific areas of tasks for which you would be interested in volunteering						
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Briefly describe any skills	or experiences that w	ould assist you in the area	is of your interest			
Volunteer Term Desired: Days and hours available:						
	Days and nours available.					
List specific days/hours						
you are NOT available Current Cortifications						
Current Certifications						
First Aid CPR	Type Type		Exp. Date Exp. Date			
Lifesaving	Туре		Exp. Date			
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•	•	can judge your qualifications for this p				
	*	ould be from that organization. Please	fill out each reference			
completely. Address and phone number must be included.						
Reference One						
Name		Organization				
Address						
City		State				
Zip Code		Phone Number	one Number			
Reference Two						
Name		Organization				
Address						
City		State				
Zip Code		Phone Number				
Reference Three						
Name		Organization				
Address						
City		State				
Zip Code		Phone Number				
STATEMENT						
Have you ever been convicted of a violation of the law (other than a traffic violation)? YES NO						
If yes, list violations with dates and penalties:						
I certify that the above information is correct to the best of my knowledge. I authorize the references to release						
information regarding me. I understand that falsification or significant omissions of any information may be						
considered justification for dismissal if discovered at a later date. I understand that a police background check will						
be performed.						
SIGNATURE	DATE					
The city does not discriminate on the basis of handicap status in its programs or employment						
	Veronica Cuyler					
RETURN TO:	57 St. Paul Street					

REFERENCES